

STUDENT Request for Accommodation Medical Exemption from COVID-19 Vaccine

To request an exemption from Queens University's mandatory COVID-19 vaccine requirement, please complete Section 1 below and have your medical provider complete Section 2 before returning this form to COVIDVacStudents@queens.edu

Section 1

Student's Name: _____ **QID#** _____

Cell Phone: _____ **Email:** _____

I am requesting a medical exemption from Queens University's mandatory COVID-19 vaccine requirement. I verify that the information I am submitting to substantiate my request for exemption is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action under [Queens' Honor Code](#).

I further understand that Queens University is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the campus community or would create an undue hardship for Queens University.

Student's Signature: _____ **Date** _____

Section 2: Medical Certification for COVID-19 Vaccination Exemption

Student's Name: _____

Dear Medical Provider,

Queens University requires a COVID-19 vaccination as a condition to participate in all on-campus activity and/or in any university-sanctioned activities.

The student named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist Queens University in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to (describe student's disability or medical condition):

This exemption is:

- Temporary, expiring on: ____/____/____, or when _____
- Permanent

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**STUDENT Request for Accommodation
Medical Exemption from COVID-19 Vaccine**

I certify the above information to be true and accurate, and request an exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider name (print) _____

Medical Provider license (print) _____

Medical Provider signature: _____ **Date** _____

Practice Name & address: _____ **Phone** _____

QUEENS UNIVERSITY USE ONLY

Date of initial request: ____/____/____

Date certification received: ____/____/____

Accommodation request:

Approved ____/____/____

Describe specific accommodation details:

Denied ____/____/____

Describe why accommodation was denied:

Signature _____

Printed Name _____